

<i>SERFF Tracking Number:</i>	<i>STAR-125482364</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Starmount Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38814</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H03I Individual Health - Accidental Death & Dismemberment</i>	<i>Sub-TOI:</i>	<i>H03I.000 Health - Accidental Death & Dismemberment</i>
<i>Product Name:</i>	<i>accidental death application</i>		
<i>Project Name/Number:</i>	<i>/02-005 AD&D APP R6</i>		

Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: accidental death application SERFF Tr Num: STAR-125482364 State: ArkansasLH

TOI: H03I Individual Health - Accidental Death & Dismemberment SERFF Status: Closed State Tr Num: 38814

Sub-TOI: H03I.000 Health - Accidental Death & Co Tr Num: State Status: Approved-Closed
Dismemberment

Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Author: Belle Lucas	Disposition Date: 04/30/2008
	Date Submitted: 04/28/2008	Disposition Status: Approved-Closed
		Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name:	Status of Filing in Domicile: Pending
Project Number: 02-005 AD&D APP R6	Date Approved in Domicile:
Requested Filing Mode:	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: Resubmission	Previous Filing Number: N/A
Group Market Size:	Overall Rate Impact:
Group Market Type:	Filing Status Changed: 04/30/2008
	State Status Changed: 04/30/2008
Deemer Date:	Corresponding Filing Tracking Number:

Filing Description:

As we discussed, the enclosed application 02-005AD&D APP R6 is being re-filed to replace form number 02-005AD&D APP R5 originally approved on August 5, 2005. This form will be used with policy numbers 02-005AR which was revised with 02-005AR R-1/04 and 02-003AR which was revised with 02-003AR R-1/04. The only change made to the application is the addition of the following question:

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Do you now or have you ever had an insurance policy with Starmount Life?

As I advised, in addition to marketing to mail order purchasers, this form will be used as a downloadable form on our website for applicants to print and complete. The applicant will also have the choice to enter the requested information via our website and the information that the applicant provides will then be merged into the form. As such, the appearance of the printed and merged forms will be slightly different.

Company and Contact

Filing Contact Information

Belle Lucas, Compliance Specialist
P.O. Box 98100
Baton Rouge, LA 70898

bellel@starmountlife.com
(225) 926-2888 [Phone]

Filing Company Information

Starmount Life Insurance Company
7800 Office Park Boulevard
Baton Rouge, LA 70809
(225) 926-2888 ext. [Phone]

CoCode: 68985
Group Code: 68985
Group Name:
FEIN Number: 72-0977315

State of Domicile: Louisiana
Company Type:
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starmount Life Insurance Company	\$100.00	04/28/2008	19935618

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/30/2008	04/30/2008

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Disposition

Disposition Date: 04/30/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	application	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 02-005 AD&D APP R6

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	02-005 AD&D APP R6	Application/ application Enrollment Form	Revised	Replaced Form #: 02-005 AD&D APP R5 Previous Filing #: N/A	47	02-005 AD&D APP R6 (rev 1-08).pdf

ACCIDENT INSURANCE APPLICATION FORM

YES! ☐ Please enroll me for the Expanded Accidental Death & Dismemberment Protection and include the \$1,000.00 Accidental Death Insurance at **NO COST TO ME!**

Choose one: ☐ Main Insured Only **Choose one:** ☐ \$50,000.00 for \$5.50 per month ☐ \$100,000.00 for \$11.00 per month
☐ Family Plan ☐ \$150,000.00 for \$16.50 per month ☐ \$250,000.00 for \$27.50 per month

YES ☐ (For Main Insured only.) Please only sign me up for \$1,000.00 of Basic Accidental Death Insurance Protection at no cost to me. Lasts one full year.

PLEASE COMPLETE THE FOLLOWING:

Main Insured: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: Home (_____) _____ (required)

Work (_____) _____

Occupation: _____
(if self employed, explain)

COMPLETE ALL BILLING INFORMATION:

I WILL PAY: ☐ Every 12 Months
☐ Every 6 months
☐ Every 3 months

☐ I authorize Starmount Life to deduct future premium payments from my personal checking account. My voided check is enclosed.

☐ Charge payments to: ☐ Visa ☐ MasterCard
Card #: _____ - _____ - _____ - _____
Expiration Date: ____/____/____

☐ Bill me direct. My first payment is enclosed.

Will this replace any accident or sickness insurance you currently own? ☐ Yes ☐ No

Have you, or anyone to be insured, ever been convicted of a felony? ☐ Yes ☐ No

If you have had a life threatening accident in the last 2 years, are you still affected by it? ☐ Yes ☐ No

Do you have or are you applying for another accidental death or accidental death and dismemberment product with Starmount? ☐ Yes ☐ No

Do you now or have you ever had an insurance policy with Starmount Life? ☐ Yes ☐ No

I agree the answers will form part of the policy and they are complete and accurate. I understand no person can be protected by more than one of these or a like policy, and that my accidental death protection will become effective when my approved policy is received by me and my payment is received by Starmount Life. I understand benefits are reduced by half for anyone age 75 or older. (See back of this page for exclusions.) Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree. (See back of application for state specific fraud statements.)

Notice: In Florida, pursuant to Section 627.4555, Florida Statutes, you may name a secondary addressee to receive notice of past due premiums and possible lapse in coverage. The agent has no personal knowledge regarding policy replacement other than that provided by applicant's response above.

In Florida, Agent's Signature: _____ Agent: Hans J. Sternberg Lic. No.: A254068

Signature (Main Insured) _____

Date ____/____/____

Spouse Signature (If Applying) _____

Date ____/____/____

Last four digits of Social Security # _____
(required)

Sex: ☐ M ☐ F Date of Birth ____/____/____

Beneficiary: _____
(if none listed, benefits will go to your estate)

Relationship: _____

COMPLETE IF APPLYING FOR THE FAMILY PLAN:

Name of Spouse to whom you are legally married: (if to be insured)

Sex: ☐ M ☐ F Date of Birth ____/____/____

Occupation: _____
(if self employed, explain)

Last four digits of Social Security # _____
(required)

Beneficiary: _____
(if none listed, benefits will go to your estate)

Relationship: _____

Name(s), Age(s), Date(s) of Birth of your natural or legally adopted unmarried Children, or Stepchildren, under age 25 if to be insured:

	Age	Date of Birth
1. _____	____	____/____/____
2. _____	____	____/____/____
3. _____	____	____/____/____
4. _____	____	____/____/____

For information or answers to any questions, please call our

Toll-Free help hotline 1-888-SAY LIFE

(that's 1-888-729-5433, ext 2014)

Monday-Friday 8:00 a.m. to 8:30 p.m.

Saturday 9 a.m. to 1 p.m. CST

Starmount Life Insurance Co.

The Starmount Building

7800 Office Park Blvd

Baton Rouge, LA 70809-7603

Accidental Death Benefits are not paid if death results directly or indirectly from:

a) suicide, or intentionally self-inflicted injuries, while sane or insane (in MO or TX, while sane, unless intended during application); b) sickness, bodily or mental illness or disease; c) medical or surgical treatment except when required as the result of an accidental bodily injury; d) riding in or descent from any kind of aircraft, except as a fare-paying passenger in a regularly scheduled commercial airline; e) except in OK and SC, hang-gliding; parachuting, except where the insured has to make a parachute jump for self-preservation; f) war or any act of war, declared or undeclared, including any armed aggression or resistance thereto by any country, alliance of countries or organizations(s) (in OK, while serving in the military forces or any auxiliary unit attached thereto); g) committing a felony (in MD by the insured) (except in PA), or participating in a riot or insurrection or being engaged in an illegal occupation; h) injuries received while intoxicated (in TN, legally intoxicated; in OK, alcoholism or drug addiction; in MD, injury sustained or contracted in consequence of being intoxicated or under the influence of any narcotic), (in MN, operating a motor vehicle while legally intoxicated), or while under the influence of any controlled substance, unless administered at the advice of and in the dosage (except in PA) prescribed by a physician; i) injuries received from an accident occurring before this rider or policy is in force, except in PA; j) any poison, gas or intoxicant (unless administered on the advice of and in the dosage (except in PA) prescribed by a physician) voluntarily or involuntarily (except in AL, AR, MO, SC WV), (only voluntarily in MD) taken; k) active duty or participation in military maneuvers or training exercises as a member of an armed service or reserve; l) bodily injury due to the act of another provoked by the Insured (except in AL, AZ, FL, LA, MD, MO, TX, TN); m) homicide or intentional injuries inflicted by another, except law enforcement officers receiving injuries while on duty (except in AZ, AR, FL, GA, IN, KS, LA, MD, MO, OK, SC, TN, TX, WV). Except in PA, death must occur within 90 days (in OR, within 180 days) of accident.

FOR OHIO RESIDENTS ONLY: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of insurance fraud.

FOR KANSAS AND OREGON RESIDENTS ONLY: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a crime as determined by a court of law.

FOR GEORGIA AND TEXAS RESIDENTS ONLY: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information may be guilty of a felony.

FOR ARKANSAS AND LOUISIANA RESIDENTS ONLY: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a crime and may be subject to fines and confinement in prison.

FOR NEW MEXICO RESIDENTS ONLY: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for life insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

FOR TENNESSEE RESIDENTS ONLY: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

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Rate Information

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TOI: H03I Individual Health - Accidental Death & Sub-TOI: H03I.000 Health - Accidental Death &
Dismemberment Dismemberment
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Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Approved-Closed 04/30/2008
Comments:
Attachment:
Flesch-App-2008.pdf

Bypassed -Name: Application **Review Status:** Approved-Closed 04/30/2008
Bypass Reason: revision application submitted to replace previous application. Information about previous application stated in form description.
Comments:

Bypassed -Name: Health - Actuarial Justification **Review Status:** Approved-Closed 04/30/2008
Bypass Reason: N/A
Comments:

Bypassed -Name: Outline of Coverage **Review Status:** Approved-Closed 04/30/2008
Bypass Reason: N/A
Comments:

STARMOUNT LIFE INSURANCE COMPANY

FLESCH READABILITY ANALYSIS

FORM	WORDS	PARAGRAPHS	SENTENCES	SCORE
02-005 AD&D APP R6	1240	83	35	37.8

This is to certify that this policy form with the rider meets the minimum score on the Flesch reading ease test in the NAIC Life and Health Insurance Policy Language Simplification Model Act. The Flesch score has been measured by the method described in the act and reflects all text excluding only language or terminology in the following categories entitled to be excepted under the act: the name and address of the insurer; the name, number or title of the policy; the table of contents or index; captions and subcaptions; specifications pages, schedules or table; language required by law or regulation; medical terminology; and words which are defined in the policy.

Jeffrey G. Wild
Secretary/Treasurer
Starmount Life Insurance Company

Date: 04/28/2008